

ASS. REC. BY:

REF:

CIP / 23003769/KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

LIM YEW BOO SPRAY PAINT CO.

BLK 10, SIN MING INDUSTRIAL ESTATE, SECTOR C, #01-10 S'575645
 NO. 176, SIN MING DRIVE, #03-05, SIN MING AUTOCARE, S'PORE 575721
 Tel No. : 64534177 Fax No. : 64593724
 E-Mail : limyewboo@singnet.com.sg
 Website : www.limyewboo.com.sg
 Buss. Reg. No. : 20051400L

*Not within
 11 Day &
 Recovery After Paint
 6 days*

Estimate : TP23/012

LIBERTY INSURANCE PTE LTD
 51 CLUB STREET #03-00
 CITYSTATE HOUSE SINGAPORE 069428

Attention : Motor Claim Department
 Contact : 62218611 Fax No. : 62241047

Date : 11/04/2023
 Vehicle Num. : SGT 3729Z
 Make/Model : MAZDA 3-2016
 Chassis/Eng# : JM6BM42A8G0326549/P520334809
 Accident Date : 04/04/2023
 Claim No. : BVS23/0268-PRS-PY
 Reference : LYB/SGT3729Z/Liberty/sl
 Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
LIST ITEMS :				
1.	1	REAR BUMPER BRACKET/RH	38.00	—
2.		REAR W/SCREEN SEALANT	40.00	—
3.		REAR W/SCREEN INNER SEAL	40.00	30.00
List Total S\$:				118.00
NETT ITEMS :				
1.	1	REAR EMBLEM 'MAZDA 3'	56.20	X
2.	1	REAR EMBLEM 'SKY ACTIVE'	66.80	X
3.	1	REAR EMBLEM LOGO	78.20	X
4.	1	REAR TAILLAMP/RH	866.80	✓
5.	1	REAR REFLECTOR/RH	498.50	X
6.	1	REAR BUMPER TOWING COVER	29.10	✓
7.	1	REAR BUMPER RETAINER/RH	48.00	✓
8.	1	REAR FENDER INNER SHIELD/RH	268.90	✓
9.	1	REAR FENDER/RH	988.80	✓
Nett Total S\$:				2,901.30
10.00% Discount S\$:				290.13
				2,611.17
SPECIAL NETT ITEMS :				
5		REAR BUMPER FASTENER	5.00	25.00 ✓

CONTINUE / ...

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

LIM YEW BOO SPRAY PAINT CO.

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S/N	Quantity	Particular	Unit Price	Amount S\$
2.	5	REAR BUMPER EXTENSION FASTENER	5.00	25.00 X
3.	5	REAR BUMPER EXTENSION GROMMET SCREW	5.00	25.00 X
4.	5	RIVERT	8.00	40.00 X
5.	5	REAR FENDER INNER SHIELD CLIPS	5.00	25.00 ✓
Special Nett Total S\$:				140.00
LABOUR :				
TO REMOVE/REFIT REAR W/SCREEN TO FACILITATE REPAIRS				150.00 120
TO REMOVE/ REFIX REAR INTERIOR FIXING, GARNISH, TRIMS				180.00 100
TO APPLY RUST-PROOFING ON REPAIRED/ REPLACED PANELS				120.00 30
TO CHECK WATER SEEPAGE				60.00 20
TO CHECK WORING FUNCTION				60.00 20
LABOUR TO REPLACE THE SENSOR & CHECK SENSOR FUNCTION				120.00 50
TO CHECK COMPUTERISE ALIGNMENT				120.00 X
TO REPAIR & RESPRAY AFFECTED RIGHT REAR RIM				180.00 X
TO REPAIR,PANEL BEAT ON AFFECTED RIGHT REAR PANEL, CUT & WELD ON REPLACED PANEL & LABOUR TO REPLACE THE ABOVE				

CONTINUE / ...

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S/N	Quantity	Particular	Unit Price	Amount S\$
		PARTS		7001 1,500.00
		TO PUTTY, PRIMER & SPRAY PAINT ON RIGHT REAR DOOR, REAR FENDER, REAR BUMPER & AFFECTED REAR BOOT LID & REAR REVERSE SENSOR & AFFECTED DOOR HANDLE USING 2K PAINT		6601 1,500.00
		Labour Total S\$:		3,990.00

E. & O.E.

Total S\$: 6,859.17



LIM YEW BOO SPRAY PAINT CO.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	05/04/2023 12:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/04/2023 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI COLUMBARIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3729Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KEE BOON SENG
NRIC No	SXXXX893F
Email Address	lawksm@gmail.com
Mobile Phone No	(Phone) +65-96404707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	S50MPC0001102-03

DRIVER

Name of Driver	KEE BOON SENG
NRIC No	SXXXX893F
Date Of Birth	05/10/1954
Occupation	Indoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Actual Driver's Signature (if driver is not the
policyholder) / Date & Time

Sketch Plan

A) S6T3729Z
B) XD3309E
C) SN1K1847T

(Mandau Columbarium)